108. Opening of a Government hospital at Kuzhittura.

Mr. K. M. Madhavan Pillai (Member, T. I. C., Kuzhittura) said that Vilavankod was the only taluk in the State, which did not receive the benefit of a Government hospital. Some time ago, there was a proposal to open a hospital in the taluk, but the scheme, however, was dropped. The disadvantage with the people of the taluk was that there was a Mission hospital at Martandam. He contended that, when the State rendered free medical aid in all other taluks, the people of Vilavankod alone should not be forced to purchase medicines and advice from the Mission hospital. Further, a Mission hospital could not command the same confidence as a Government institution. The people generally endured very great hardships in purchasing medical aid from the hospital at Martandam. He therefore requested that the question of opening a Government hospital at Kuzhittura, for the use of the people of Vilavankod taluk, might be re-considered. If it were thought that the expenditure involved in the opening of a hospital could not be undertaken at present, he suggested that the hospital at Parassala, which was only six miles from Neyyattinkara, might be temporarily transferred to Kuzhittura.

Dewan's reply.—The Government do not consider it necessary to establish a Government hospital at Kuzhittura.

109. Conversion of the dispensary at Chengannur into a hospital.

Mr. K. T. Thomas (Member, Chengannur taluk) said that the increasing number of out-patients and surgical operations evidenced the growing importance of the dispensary at Chengannur. Perceiving the necessity for raising the dispensary to a hospital, the late Dewan ordered the provision of two beds in the dispensary as a preliminary step as early as Chingam 1089. Nothing was done further in that direction ever since. The importance of Chengannur compared with the sister taluks necessitated the opening of a District Hospital at that place. The nearest hospital was situated at Tiruvalla. But the people had to cross three rivers to go to that place. There was no easy means of communication to the hospitals at Kozhenchery and Mavelikara. He therefore requested that the dispensary at Chengannur might be raised to a hospital.

Dewan's reply.—There is no necessity for a hospital at Chengannur.

110. Opening of a dispensary at Mallapalli

Mr. K. Govinda Pillai (Member, Tiruvalla taluk) said that the hospitals at Tiruvalla and Kozhenchery were situated at a distance of more than 12 miles from Mallapalli and other eastern pakuthies of the Tiruvalla taluk and there was no easy means of communication for the inhabitants of those pakuthies to go to those hospitals. The Mission authorities promised to open a hospital at Mallapalli if the people would give them a building and Rs. 1,000. The amount was collected and a site was arranged for, but on account of the war, they dropped the scheme. The people were prepared to give two acres of land and Rs. 1,000 if the Government would open a dispensary at Mallapalli.

Dewan.—The Darbar Physician says that he would prefer a building.

Member.—If the Government would grant the timber free of cost, the people are prepared to construct a building worth Rs. 3,000 and also give Rs. 1,000 in cash.

Dewan's reply.—Noted. The Member will do well to meet the Darbar Physician during his next tour to the taluk, show him the places and explain the necessity for a dispensary.

111. Desirability of re-opening the branch dispensary near the Iron Bridge at Alleppey.

Mr. K. Sankara Pillai (Member, T. I. C., Alleppey) said that the only hospital for the whole of the town covering an area of about 8 sq. miles was situated towards the western extremity of the town. The eastern portion of the town, with its important factories, mills and trading houses, was growing in importance and the numerous workmen attached to them were now without any medical aid. The number of out-patients in the hospital had become very large and it took a long time for each

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man to procure medicine. The workman, who attended the hospital, lost his wages for the day. He therefore suggested the re-opening of the branch dispensary at the Iron Bridge, to relieve the congestion in the hospital and to afford medical aid to the workmen. As for cost, he said that the rent for a building and the sweeping charges were all that was necessary, as a medical officer, a compounder and a peon, and medicine, could be sent to the proposed dispensary from the Alleppey hospital.

The Member then said that the appointment of a Port Officer was a blessing to the trading classes of the town, and supported the proposal of Mr. Kanji Vissenji, Member, Trading Classes, Alleppey, to invest the Port Officer with magisterial powers.

Dewan's reply.—Noted.

112. Suggestions for the improvement of the indigenous system of treatment.

Mr. P. Madhavan Vaidyan (Member, Nominated) referred to the general interest displayed throughout India for the promotion of the Ayurvedic system of treatment. He said that, apart from the fact that the system was a time-honoured and scientific one, it was more favourable particularly to this country than any other. The fact was testified to by the Surgeon-General of the Indian Medical Service in his recent address at Indore. The deputation of a medical officer by the British Government to enquire into the existing condition of the Ayurvedic system of treatment and his visit to the Ayurvedic Patasala at Trivandrum and the Vaidysalas of the State would also show the growing importance of that system of treatment. The unusual interest evinced by the Mysore Government in the promotion of the indigenous treatment, and the recent efforts of the Cochin Government in the same direction, could not but point to the conclusion that there were signs of an awakening interest in the promotion of the Ayurvedic system of treatment. Travancore had all along been in the forefront in the matter. The State had already provided an Ayurvedic Patasala and a Department of Vaidyasalas. But he regretted that there was a general impression among the people that the authorities were not alive to the question of the advancement of the system.

The Member, after dealing with the present imperfect education given in the Patasala without any course of practical training, referred to the very low grant, ranging from Rs. 7 to Rs. 35, that was being given to the Native Vaidyans. They were subjected to the general rules of service regarding transfer, leave, etc. Their visiting fee was only annas four per call. He doubted whether they could command any respect from the public in their present condition. The people of the country, 90 % of whom were unable to pay for western medicines, generally resorted to Native Vaidyans in almost all cases of diseases, except perhaps in those requiring surgical operations. He was of opinion that the Ayurvedic system should be improved and placed on a better footing and he offered the following suggestions for the improvement of the system:—

(1) Instruction in anatomy and physiology should be imparted in Malayalam in the Ayurvedic Patasala through one of the local medical officers, at fixed periods. He suggested the need for publishing text-books on the above subjects in Malayalam, as had been done in other languages elsewhere.

(2) Boys seeking admission to the Patasala should have studied up to Form III with a view to enable them to understand the elementary English text-books in chemistry, materia medica, etc.

(3) The Patasala should be brought under the head of special schools and placed under the control of the Director of Public Instruction.

(4) The students should be given instruction in surgery and trained in minor surgical operations in the local hospital.

(5) The training imparted in the school should be such as would give the students practical knowledge in the diagnosis and treatment of diseases and in the preparation of medicines. They might also be required to take an apprentice course under Vaidyans of repute, before they took up independent practice.

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